

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

CORPORATION
REINSTATEMENT

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 18 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000087081

1. Corporation Name

FLA BBQ MGMT INC

2. Principal Office Address

11249 U.S HIGHWAY 1

Suite, Apt. #, etc.

BAY 2

City & State

NORTH PALM BEACH, FL

Zip

33408

Country

USA

3. Mailing Office Address

11249 U.S HIGHWAY 1

Suite, Apt. #, etc.

BAY 2

City & State

NORTH PALM BEACH, FL

Zip

33408

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/1999

5. FEI Number

65-0959266

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

RANDALL S. SMITH

Street Address (P.O. Box Number is Not Acceptable)

5927 BAY HILL CIRCLE

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33463

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Randall S. Smith

Date 04/17/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GERALD A. DEFERO	2399 N. FEDERAL HWY	BOCA RATON, FL 33431
S/T	RANDALL S. SMITH	5927 BAY HILL CIRCLE	LAKE WORTH, FL 33463
V	PETE TOMASINO	2135 N.E. 4TH WAY	BOCA RATON, FL 33431

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Randall S. Smith

RANDALL S. SMITH

04/17/02

Date

561.432.8555

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR